PERSONAL ACTIVITY READINESS QUESTIONNAIRE

1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
   - Yes □  No □

2. When you do physical activity, do you feel pain in your chest?
   - Yes □  No □

3. Have you developed chest pain in the past month?
   - Yes □  No □

4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
   - Yes □  No □

5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? If yes please explain ____________________________________________________
   - Yes □  No □

6. Is a physician currently prescribing medications for your blood pressure or heart condition?
   - Yes □  No □

7. Are you pregnant?
   - Yes □  No □

8. Do you have insulin dependent diabetes?
   - Yes □  No □

9. Do you know of any reason you should not exercise or increase you physical activity?
   - Yes □  No □
   If yes please explain______________________________________________________________

10. Is there anything we should know regarding your health?
    - Yes □  No □
    If yes please explain______________________________________________________________

If you answered “yes” to any of these questions, the Wellness Center reserves the right to obtain medical clearance before participating in the program.

I state that I understand this document and have answered the questions truthfully and honestly regarding my health.

Name (Please Print) ________________________________

Signature __________________________________________

Date_______/_______/_______
The University of South Dakota
-Wellness Center-

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

I understand that the use of the Wellness Center has inherent dangers, and may cause serious injury, damage to me, person and/or property, and/or possible death. I fully assume all of the risks associated with the use of the Wellness center, including, but not limited to: negligence in design, maintenance, supervision, instruction or warning; inadequate safety equipment; the negligence of other users of the facility; misuse of the facility or its equipment by myself or others; surface hazards (slips, trips, and falls); collision with fixed or moving objects; and known and unknown physical weaknesses, frailties, diseases, and/or conditions which may cause or contribute to injuries, damages to my person or property, and possible death.

Types of injuries associated with physical activity include, but are not limited to: sprains, strains, contusions, fractures, joint dislocations, concussions, other types of musculoskeletal injuries, heart attacks, strokes, other types of ailments, and in rare cases, death. Furthermore, certain factors may increase the risk of injury. These risk factors include any form of tobacco, alcohol, or drug lifestyle, along with having a family history of any cardiovascular disease. The USD Wellness Center strongly recommends that if any individual has more than one of these risk factors that they seek the advice of a physician before becoming a member and beginning an exercise program. The further reduce the risk of injury; all individuals should begin new exercise programs at low levels of intensity and gradually increase the demands of exercise.

I understand that certain factors may increase the risk of suffering some type of injury. I further understand that I should cease exercising and/or activity and contact my physician if I experience any problems before, during, or after exercise sessions, including, but not limited to: dizziness, fainting or feelings of fainting; impaired vision; pain in the chest, neck, jaw area, or in the arms; shortness of breath; swelling in any of the joints; or unusual fatigue.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any and all claims or causes of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injury, property damage, property loss, property theft, or death due to my use of the USD Wellness Center’s facilities, equipment, and services.
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my voluntary participation in the Wellness Center activities, including payment of reasonable attorney fees; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name (Please Print) ____________________________________________

Signature ____________________________________________

Date_____/_____/_______